Standards of Performance for Hospital Libraries

FOSTER MOHRHARDT

World War I brought development of an intensive professional library program for hospitalized veterans. When the shattering influence of World War II was felt by the Veterans Administration, increased facilities and services were required overnight. General Omar Bradley became Administrator of Veterans Affairs and was charged with providing adequate facilities, staff, and services. The Veterans Administration itself was completely reorganized, and within the new pattern Francis R. St. John was selected to plan an expanded library program for its hospitals. There was immediate need to secure standards, not only for the present hospitals but for the sixty-four new ones it was planned to build and open in the years between 1946 and 1954. Objective data and criteria for setting up standards suited to budgeting and operating were necessary in order to establish requirements to govern funds and staff.

The most urgent demand was for guidance in determining the library staffs needed in the hospitals. It was essential that a study of workloads be set up which would be simple and direct and give immediate results. The purposes as evolved were: (1) assembling of data to assist in organization and workload assignments with secondary emphasis on improvement of management; (2) establishment of standards which would stress creative rather than routine library work; (3) permeation of patients and medical librarians with a concern for individual time allocations; (4) presentation to the librarians of the total job in field libraries.

The study was unique in that, even though it covered a large number of libraries, it dealt in essence with a single basic administrative pattern. The variables were limited to the size and type of hospitals.

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Standards of Performance for Hospital Libraries

With allowances for these, activities and methods could be described in general terms and standard work assignments could be examined. Whereas most work studies are concerned with the time allotments and work relations of groups, this one involved many one-man or two-man staffs. Hence the interest was in the breakdown of work performed by one librarian, particularly with regard to the relative percentages of professional and subprofessional or clerical work.

Preliminary to the actual study was the determination of "basic assumptions" covering the scope and service of libraries in the Veterans Administration. As outlined for the study, these were as follows:

1. Library service would be an integral part of the total program of the Veterans Administration and would provide specialized assistance to:
   a. Medical and allied staffs, through separate medical libraries. This service would include reference, research, interlibrary loan, and bibliographic aid.
   b. Patients, through readers' advisory and bibliotherapy programs. In addition to the usual services of public libraries, special emphasis would be given to ancillary help in the care and treatment of patients. Emphasis would be placed upon serving the nonambulant patient, and deliveries to the bedside would be provided through the use of book carts. Service would be planned also to fit the specific needs of particular types of patients.
   c. Nonmedical staffs of the Veterans Administration. General reference facilities would be provided for other branches of the Veterans Administration, such as those of Insurance, Vocational Rehabilitation and Education, and Finance.

2. Wherever possible, repetitive clerical and routine procedures would be performed centrally in Washington. This would not only provide a more economical operation in terms of actual costs, but would also enable the field librarians to use their time most profitably in professional activities. Functions to be centralized would be:
   a. Technical processes. These would include book procurement, subject classification, and cataloging, including preparation of sets of catalog cards, charging cards, and book pockets.
   b. Book reviewing. Advance copies and galleys of books would be reviewed. A weekly list would be sent to the field as an additional specialized guide to selection.

3. Final responsibility for the choice of books would be delegated
to field librarians. Centralized control of selection would be relinquished, except for general review of questionable or expensive publications.

With establishment of these objectives, it was necessary to specify the needs for staffs at the hospitals. In order to determine these, a questionnaire was developed to obtain detailed information from representative hospitals. Librarians were requested to furnish time data on a group of elements. The most important were:

1. Quantitative factors. (The annual working schedule per full-time employee was considered to be 1,696 hours. This balance remained after deductions of annual and sick leave and holidays.)
   a. Hours per week patients' library to be open.
   b. Hours per week medical library to be open.
   c. Physical layout of hospital (allowances to be made only for unusual distances, buildings without elevators, and the like).
   d. Percentage of bed patients.

2. Qualitative factors, i.e., the type and extent of service. (Teaching programs were planned for most V.A. hospitals. One group located near medical schools would conduct formal training programs with university residents. The other group would have provision for internal instruction.)
   a. In teaching hospitals with residents.
   b. In teaching hospitals without residents.
   c. In nonteaching hospitals.

3. Estimated workload according to kind of hospital. The library program and the resultant workload vary both with the sort of hospital and the variety of patient. Tuberculous patients, who are confined to bed as an essential condition of their treatment, are intensive readers with highly diversified interests. The greatest demands for library service are made by them. Psychiatric patients receive both individual and group library service, and since special attention is given to group discussions by such patients the service to wards is less than that for the tuberculous group. General medical and surgical hospitals primarily serve short-term patients and have limited library programs for them. Factors considered in determining the ward time needed for effective service were:
   a. In general medical and surgical hospitals:
      (1) Amount of time per patient for ward trips with the book cart.
Standards of Performance for Hospital Libraries

(2) Number of trips per week.

b. In psychiatric hospitals:
   (1) Amount of time per patient for ward trips.
   (2) Number of trips per week.
   (3) Amount of time per group-therapy program.
   (4) Number of group-therapy programs.

c. In tuberculosis hospitals:
   (1) Amount of time per patient for ward trips.
   (2) Number of trips per week.

4. Technical and administrative duties.

   a. Selection of books.
      (1) Reading of reviews.
      (2) Meeting with Medical Library Advisory Committee.

   b. Ordering of books.


   d. Professional reading.

   e. Supervision and instruction of assistants, volunteers, and cadet nurses.

   f. Talks to classes and other groups, and attendance at hospital staff meetings.

   g. Weeding of collection and discarding of books.

   h. Correspondence, including telephoning and interdepartmental communication.

   i. Cataloging.


   k. Checking of supplies and requisitioning.

   l. Regular and special reporting.

   m. Publicity activities, i.e., radio broadcasts, photographs, newspaper items.

5. Clerical duties.

   a. Accessioning of periodicals.

   b. Keeping of circulation records.

   c. Filing in card and vertical files.

   d. Messenger work, i.e., travel between library building and offices, searching for lost books, calling people to telephone, and other errands.

   e. Marking of books.

   f. Opening of mail.

   g. Pasting and mending.

   h. Putting newspapers on racks.
The reported data on all of these items from the stations showed that the V.A. libraries formed a discrete class. The range of amounts for each of the items was small, indicating that the results could lead to establishing basic standards of staffing for all V.A. libraries.

Analyzing this accumulation of data, the findings were first grouped for use under the following headings:

1. Minimum librarian’s time per patient necessary to provide adequate ward service.
2. Hours required for staffing patients’ library.
3. Minimum time required for adequate medical library service.
4. Hours essential for technical and administrative duties.

In arriving at the number of hours needed for each of these factors, a separate formula was developed for each of the three types of hospitals. The formulas and figures derived from them are shown in detail below.

In decision as to the number of hours a library should be open, a major consideration was that the patients are hospitalized for twenty-four hours per day, seven days per week, and should not be limited to library service during a five-day, forty-hour week only. The following criteria were developed for use in determining the necessary hours for providing minimum service on the wards:

1. In tuberculosis hospitals, where the nature of the illness makes the demand for reading material the greatest, three visits per week to each ward are required. With ward calls at this frequency, the average time allowed for the librarian with each patient is three minutes. If trips are less frequent, the librarian’s time per patient should be increased.
2. In general medical and surgical hospitals, two visits per week to each ward are required. Five minutes per patient are recommended.
3. In psychiatric hospitals, two calls per week with books in each closed ward are required. Since these visits are made to day rooms where there are groups of patients, it is possible to provide service to a maximum of forty patients per hour. In addition to the stops at the day rooms in the psychiatric hospitals, two visits per week must be made to the general medical and surgical wards.
Standards of Performance for Hospital Libraries

4. For each three hours spent on the wards, it is necessary for the librarian to spend at least one hour in preparation, i.e., in selecting books, reshelving, filing cards, and similar duties.

5. Daily trips to reception wards are needed at all hospitals.

The hours the patients' library is to be open will be determined on the basis of the number of ambulant patients. No consideration will be given to the fact that employees use these libraries. The size of the medical staff has been the major factor in determining hours that the medical library must be open.

After studying the accumulated factual data, it was possible to set up formulas to be used in estimating general staff requirements. The evolving of such formulas was a preliminary step in the development of staff patterns. Those used for general budget estimates were as follows:

Psychiatric hospitals.

1. “Ward trip” indicates hours per week required for book-cart visits by the librarian to other than general medical and surgical patients, and equals number of “ward patients” times one and one-half minutes per patient, multiplied by two for two trips per week, plus one hour of preparation for each three hours in the ward.

2. “GM&S” indicates hours per week required for ward trips to general medical and surgical patients and equals the figure for those patients times five minutes per patient, multiplied by two for two trips per week, plus one hour of preparation for each three hours spent on the ward.

3. “T.A. duties” indicates hours per week required for the technical and administrative duties outlined in the attached explanation.

4. In hospitals of 2,500 patients and above, one full-time administrator is required and the “administrative duties” are removed from “T.A. duties.”
example: 1,000-bed psychiatric hospital

800 bed patients = 20 hrs. x 2 = 40 hrs. + 13 hrs. = 53 hrs. ward trip
100 GM&S patients = 8 hrs. x 2 = 16 hrs. + 5 hrs. = 21 hrs. GM&S
49 hrs. patients’ library open
40 hrs. medical library open
30 hrs. T.A. duties

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193 hrs. per week

staff required: 4% professional
2 clerical

Tuberculosis hospitals.

1. “Ward trip” indicates hours per week required for ward trips and equals the number of bed patients times three minutes per patient, multiplied by three for three trips per week, plus one hour of preparation for each three hours spent on the ward.

2. “T.A duties.” indicates hours per week required for the technical and administrative duties outlined in the attached explanation.

Example: 250-bed tuberculosis hospital

200 bed patients = 10 hrs. x 3 = 30 hrs. + 10 hrs. = 40 hrs. ward trip
35 hrs. patients’ library open
30 hrs. medical library open
20 hrs. T.A. duties

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125 hrs. per week

staff required: 3 professional
½ clerical

General medical and surgical hospitals (50 per cent of patients considered bed patients; 50 per cent of patients considered ambulant).

1. “Ward trip” indicates hours per week required for ward trips and equals number of bed patients times five minutes per patient, multiplied by two for two trips per week, plus one hour of preparation for each three hours spent on the ward.

2. “T.A. duties” indicates hours per week required for technical and administrative duties outlined in the attached explanation.

* Additional part-time professional librarian is suggested.
Standards of Performance for Hospital Libraries

3. In hospitals of 2,500 patients and above, one full-time administrator is required and the "administrative duties" are removed from "T.A. duties."

Examples: 250-bed general medical and surgical hospital
125 bed patients = 10½ hrs. x 2 = 21 hrs. + 7 hrs. = 28 hrs. ward trip
28 hrs. patients' library open
20 hrs. medical library open
15 hrs. T.A. duties

= 91 hrs. per week

Staff required: 2 Professional
1 Clerical

1,000- bed general medical and surgical hospital
500 bed patients = 42 hrs. x 2 = 84 hrs. + 28 hrs. = 112 hrs. ward trip
49 hrs. patients' library open
40 hrs. medical library open
35 hrs. T.A. duties

= 236 hrs. per week

Staff required: 5 Professional
2 Clerical

Although these formulas were most useful in defining staff needs for the three types of hospitals, it was evident from the beginning that the total requirements for librarians under these standards probably would be much larger than the Veterans Administration could support. It was then determined to work out formulas in more detail for specific types of hospitals. The study involved took into consideration certain factors that were not dealt with specifically in the earlier effort. The most important was the physical make-up of the hospital, including the number of buildings, number of wards, and bed capacities.

The following formula, which was developed for the new psychiatric hospitals in the Veterans Administration, is descriptive of the essential elements in the present scheme for Veterans Administration hospitals

* Additional part-time professional librarian is suggested.
FOSTER MOHRHARDT

generally. Under the new building program, although allowances were made for variations in size, a basic plan was used for each of the different kinds of hospitals. For the psychiatric institutions, six separate types of buildings were used in each installation, designed for the treatment of certain classifications of patients. In general, it was determined that patients to be treated in the new psychiatric hospitals would be those suffering from illnesses falling in seven categories. The categories and the buildings to which they would be assigned are as follows:

1. Acute psychiatric disorders with favorable prognoses: Admissions and Treatment Building.
2. Acute general medical and surgical disorders without psychoses: General Medical and Surgical Building.
3. Acute general medical and surgical disorders with psychoses: General Medical and Surgical Building.
4. Chronic psychiatric disorders with guarded prognoses: Continued Treatment Building.
5. Chronic psychiatric disorders associated with disturbed behavior: Disturbed Building.

The capacity of most of these hospitals is about 1,000 beds. Nursing units of standard size are used in all. Shown below is the final development of the staffing pattern for psychiatric hospitals. As indicated, it is determined according to established needs.

Library staff for standard 1000-bed psychiatric hospital

1. General operations

<table>
<thead>
<tr>
<th>Duties</th>
<th>Time</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>20 hrs.</td>
<td></td>
</tr>
<tr>
<td>Medical library service</td>
<td>40 hrs.</td>
<td></td>
</tr>
<tr>
<td>Clerical assistance</td>
<td>40 hrs.</td>
<td></td>
</tr>
<tr>
<td>Book cart preparation and transportation</td>
<td>13½ hrs.</td>
<td>113½ hrs.</td>
</tr>
</tbody>
</table>

[ 460 ]
Standards of Performance for Hospital Libraries

2. Specific activities

a. Service to wards

<table>
<thead>
<tr>
<th>Building</th>
<th>Nursing Units</th>
<th>Weekly Beds</th>
<th>Weekly Hrs Libns.</th>
<th>Weekly Ward Trips</th>
<th>Time/Week</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions and Treatment</td>
<td>7</td>
<td>170</td>
<td>1</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Medical and Surgical</td>
<td>8</td>
<td>240</td>
<td>2</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continued Treatment</td>
<td>4</td>
<td>160</td>
<td>1</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infirm</td>
<td>2</td>
<td>100</td>
<td>2</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disturbed</td>
<td>4</td>
<td>120</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB-NP</td>
<td>4</td>
<td>154</td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42% hrs.

b. Service to groups of patients within library

<table>
<thead>
<tr>
<th>Building</th>
<th>Nursing Units</th>
<th>No. Groups to Lib.</th>
<th>Groups per Group</th>
<th>Hrs. Libns.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions and Treatment</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>General Medical and Surgical</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Continued Treatment</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Infirm</td>
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<td>0</td>
</tr>
<tr>
<td>Disturbed</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TB-NP</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

9

Total 165½ hrs.

The 165-hour total per week indicates the minimum hours necessary to perform library duties. In order to translate this into requirements in manpower, adjustments must be made for the following factors:

1. Prevalence of 40-hour work week.
2. Government holidays.
3. Annual and sick leave.
FOSTER MOHRHARDT

It was determined that the factor of 1.16 when applied to the total 165-hour requirement would indicate the actual man years needed to staff the hospital library. This results in a total of 193 hours. Since a standard government work week is forty hours, the indicated staff size is 4.8 people. The disposition of the library staff and libraries is as follows:

1. Admissions and Treatment Building
   1 medical library
   1 medical librarian

2. Recreation Building
   1 general library
   1 chief librarian
   1 patients' librarian
   1 clerk typist

3. TB-NP Building
   1 general library (with separate collection for tubercular patients)
   1 librarian

It is evident, of course, that further refinement is needed in staffing patterns of this type. However, the formulas do represent a first effort at workload patterns for hospital libraries. The only prior estimate of workload was that given by Kurd Schulz of Jena, Germany, in 1935, to the effect that one librarian could be expected to circulate about 15,000 books. That, of course, represented an attempt to set up an a posteriori standard for determining the need for librarians. Although the Veterans Administration has not reached the levels proposed in all hospitals, the indications are that where they have been achieved a high standard of service has been provided to patients and doctors.